

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

**10 599,255**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3			/				53						
4		/					54						
5			/				55						
6		/					56						
7			/				57						
8		/					58						
9			/				59						
10		/					60						
11			/				61						
12	/						62						
13		/					63						
14			/				64						
15		/					65						
16			/				66						
17		/					67						
18			/				68						
19		/					69						
20			/				70						
21		/					71						
22			/				72						
23	/						73						
24		/					74						
25			/				75						
26		/					76						
27			/				77						
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35			/				85						
36		/					86						
37			/				87						
38		/					88						
39			/				89						
40		/					90						
41			/				91						
42		/					92						
43			/				93						
44		/					94						
45			/				95						
46		/					96						
47			/				97						
48		/					98						
49			/				99						
50		/					100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	24	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	27						TOTAL CLAIMS						